## **U.S. DEPARTMENT OF DEFENSE**

# SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) PROGRAM PROPOSAL COVER SHEET

Failure to fill in all appropriate spaces may cause your proposal to be disqualified

TOPIC NUMBER:	PROPOSAL TI	TLE:					
PRINCIPAL INVESTIGATOR:				PI TELE	EPHONE:		
PROPOSED COST: PHASE I OR II:				PROPC	OSED DURATION IN MONTHS:		
FIRM				R	ESEARCH INSTITUTION		
NAME:			NAME:				
STREET:			STREET:				
CITY:	CITY:			STATE:	ZIP:		
CORPORATE OFFICIAL NAME:	INSTITUTE OFFIC	CIAL NAME	E:				
TITLE:			TITLE:				
TELEPHONE:			TELEPHONE:				
PERCENTAGE OF WORK: (minimum of 40%)			PERCENTAGE Of (minimum of 30%)				
CERTIFICATION:						VEC	NO
Is the FIRM a small business as described in section 2.3?						YES	NO
Is the INSTITUTION a research institution as defined in section 2.4?							
Is the FIRM a socially and economically disadvantaged business as defined in section 2.5? (Collected for statistical purposes only)						Ш	
Is the FIRM a woman-owned small business as described in section 2.6? (Collected for statistical purposes only)							
Number of employees in the FIRM including all affiliates:							
Has this proposal has been submitted to other government agencies or DoD components?  If yes, list the names of the agency or component and topic number below:							
For any purpose other than to evaluate the whole or in part, provided that if a contract i or disclose the data to the extent provided another source without restriction. The data	is awarded to this pro d in the funding agree	oposer as a result of or in conne ement. This restriction does no	ection with the submis of limit the Governme	ssion of th ent's right t	is data, the Government shall have to use information contained in the	the right to du	uplicate, use
PROPRIETARY INFORMATION:	:						
SIGNATURE OF PRINCIPAL INVESTIGATOR DATE SIGNATURE OF CORPORATE OF			FFICIAL	DATE	SIGNATURE OF INSTITUTION OFFICIA	AL	DATE

#### INSTRUCTIONS FOR COMPLETING APPENDIX A

#### AND APPENDIX B

#### General:

DOD Components employ automated optical devices to record STTR proposal information. Therefore the proposal cover sheet (Appendix A) and the project summary (Appendix B) should <u>The PED without proportional spacing</u> one of the following type styles:

Courier 12,10 or 12 pitch Courier 71 10 pitch Elite 71 Letter Gothic 10 or 12 pitch OCR-B 10 or 12 pitch Pica 72 10 pitch Prestige Elite 10 or 12 pitch Prestige Pica 10 Pitch

Whenever a numerical value is requested type the numerical character (i.e. in "Proposed Duration" type 6 NOT six).

When typing address information use the two alphabet characters used by the Post Office for the state, DO NOT SPELL OUT THE FULL STATE NAME (i.e. type NY not New York & Y.).

The original proposal (with forms) plus (4) complete copies must be submitted (see Section 6).

Carefully align the forms in the typewriter using the und**acts** as a guide. The forms are printed to accommodate standard typewriter spacing.

### **Request for Copies:**

Black and white copies of this form are acceptable. Additional original red forms may be obtained from your State SBIR Organization (Reference D) or:

Defense Technical Information Center ATTN: DTIC-SBIR 8725 John J Kingman Road, Suite 0944 Ft. Belvoir, VA 22060-6218 (800) 363-7247 (800 DOD-SBIR)